## CME AUDIT REPORTING SHEET (12/1/16-11/30/18)

| Physician Name:                                 |             |  | Date:   |   |
|---|-------------|--|---|---|
| Please attach all certificates as proof of CME. |             |  | IMPORTANT: if you are relying on a course to meet one of the course specific requirements, please note that in the columns below. |   |
| Course<br>Date                                  | Course Name | # of AMA<br>PRA<br>Category 1<br>Credits | Safe Opioid RX Courses (if you have a DEA #)  | Hospice/Palliative<br>Care/ Pain Mgt.<br>Course |
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